U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/08	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KAY ANDERSON	Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU
	Labor Organization File Number 031-847
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 310 W 43rd STREET	Street 310 W. 43rd STREET
City NEW YORK	City NEW YORK
State New York ZIP Code + 4 10036	State New York 5 ZIP Code + 4 10036-6407
5. Position in labor organization. EXECUTIVE ASSISTANT	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
Tio. Dos, Dieg., Noon Tee, II ally	7.b. Amount.
Street	•
City	
State ZIP Code + 4/ Volume - 2005	
vexent, an abaciga 4 to the Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
Signed Signed	On 7/29/05 212-261-2223  Date Telephone Number

Name of Person Filing KAY ANDERSON	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name 1199 NATIONAL BENEFIT AND PENSION FUND	57
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust  Cy c. Employer
Street 330 W. 42nd STREET	C. Employer
City NEW YORK	,
State New York ZIP Code + 4 10036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.
Trade Name, if any:	AURDENIEN 10.
P.O. Box, Bldg., Room No., if any	•
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	BUSINESS LUNCH IN THE DOLLAR AMOUNT ESTIMATED BELOW
State   1	
	12.b. Amount. \$75
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value. 14.a. Nature of payment.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	14.a. Nature of payment.

Name of Person Filing KAY ANDERSON	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LEVY RATNER, P.C.	a. Labor Organization	
Trade Name, if any:	^	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 80 8TH AVE., 8TH FLOOR	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10011		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	ATTORNEYS FOR UNION .	a contraction of the contraction
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,432,560
	12.a. Nature of interest held or income received.	entropere entropie entropie en entre e
	BUSINESS MEALS, GROUP DINNER DURIN HOLIDAY GIFT IN THE AMOUNT ESTIMAT	G CONVENTION AND ED BELOW
		To the second se
	12.b. Amount.	\$313

Name of Person Filing $  \chi $	AY ANDERSON	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MEYER SUOZZI ENGLISH & KLEIN	😾 a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust "	
Street 1505 KELLUM PLACE	c. Employer	
City MINEOLA		
State New York ZIP Code + 4 11501		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	ATTORNEYS FOR UNION	minor makimanna
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City Carlotte Carlott		Biological PARA del
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$609,020
	12.a. Nature of interest held or income received.	is a construction of the fundamental and a second of the construction of the first state of the construction of the constructi
	BUSINESS MEAL AND HOLIDAY GIFT EST DOLLAR AMOUNT BELOW	IMATED IN THE
	12.b. Amount.	\$115

Name of Person Filing KAY ANDERSON	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name KNICKERBOCKER SKD PRODUCTIONS	a. Labor Organization	
Trade Name, if any:	(Z)	
P.O. Box, Bldg., Room No., if any SUITE 610	b. Trust	
Street 594 BROADWAY	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10012	•	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES MEDIA CONSULTATION AND ME SERVICES FOR UNION	DIA PRODUCTION
Trade Name, if any:		ore modern with the transfer of the transfer o
P.O. Box, Bldg., Room No., if any		
Street	•	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,132,300
	12.a. Nature of interest held or income received.	
	BUSINESS MEALS IN THE DOLLAR AMOUN	T ESTIMATED BELOW
	12.b. Amount.	\$75

Form LM-30 (2003) Page 5 of 11

Name of Person Filing KAY ANDERSON	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LRCS INC	。	
Trade Name, if any: LABOR RESEARCH ASSOCIATION	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 13TH FLOOR	b. Trust	
Street 330 W. 42nd STREET	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10036	v	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	VENDOR PROVIDING RESEARCH AND PUBL SERVICES	IC RELATIONS
Trade Name, if any:		WANTED THE TOTAL PROPERTY OF THE TOTAL PROPE
P.O. Box, Bldg., Room No., if any		
Street		
City		A tiple of plant indicated by the party in t
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$169,500
	12.a. Nature of interest held or income received.	and the second s
	HOLIDAY GIFT ESTIMATED AT THE DOLL	AR AMOUNT BELOW
	12.b. Amount.	\$75

Name	of Person	Filina	עגע	ANDERSON

File Number U-

## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name HOWARD BERLINER/NEWSCHOOL FOR SOCIALRESEARCH  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 9TH FLOOR  Street 66 5TH AVENUE  City NEW YORK  State New York ZIP Code + 4 10011			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	CONSULTANT AND RESEARCH SERVICES F	\$20,750	
	12.a. Nature of interest held or income received.		
	HOLIDAY GIFT FROM PROFESSOR HOWARD SCHOOL FOR SOCIAL RESEARCH ESTIMAT AMOUNT BELOW		
	12.b. Amount.	\$50	

Name of Person Filing KAY ANDERSON Fil	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name CUSHMAN WAKEFIELD	a. Labor Organization	
Trade Name, if any:	الاركا	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 51 W 52ND STREET	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10019		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDE REAL ESTATE MANAGEMENT	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4 ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$42,200
	12.a. Nature of interest held or income received.	an indicating and an indicating and an indicating and a second a second and a second a second and a second and a second and a second and a second an
	HOLIDAY GIFT ESTIMATED IN THE DOLL	AR AMOUNT BELOW
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		America Consideration of the C
		and the second s
	•	6
	12.b. Amount.	\$35

Name of Person Filing KAY ANDERSON	 File Number U:

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BENCOM	a. Labor Organization	
Trade Name, if any:	X a. Casor Organization	
P.O. Box, Bldg., Room No., if any ROOM 903	b. Trust	
Street 928 BROADWAY	c. Employer	
City NEW YORK		:
State New York ZIP Code + 4 10010		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES MEDIA AND DESIGN WORK FOR	THE UNION
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$762,400
	12.a. Nature of interest held or income received.	nigo (10 n. n.) (10 n. n.) (10 (10 n.
	HOLIDAY GIFT ESTIMATED IN THE DOLLAR AMOUNT BELOW	
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		Annual de la constantina della
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	12.b. Amount.	\$100

Name of Person Filing KAY ANDERSON	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name THE BAUGHMAN COMPANY	a. Labor Organization	
Trade Name, if any:	a. aasor organization	
P.O. Box, Bldg., Room No., if any 2ND FLOOR	b. Trust	
Street 3106 FILLMORE STREET	c. Employer	
City SAN FRANCISCO		
State California ZIP Code + 4 94123		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	MEDIA CONSULTANTCY WORK FOR UNION	ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION AC
Trade Name, if any:		The second secon
P.O. Box, Bldg., Room No., if any		and the second s
Street		
City City		2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$88,100
	12.a. Nature of interest held or income received.	mint hit hit shakanim it was ta ama a maaya wa aanaa waanaa aa a
	HOLIDAY GIFT IN THE DOLLAR AMOUNT	ESTIMATED BELOW
		ACT//Activities
		ryammyakin
		aby///combunity
	12.b. Amount.	\$50

Name of Person Filling KAY ANDERSON		File Number U-

8. Name and address of Business (including trade name, if any).  Name FURNSTAHL & SIMON ARCHITECTS  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 20TH FLOOR  Street 545 EIGHTH AVENUE	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
City   NEW YORK		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	:
Name Trade Name, if any:	PROVIDES ARCHITECTURE SERVICES FOR	R UNION
P.O. Box, Bldg., Room No., if any Street	•	
City		ALIAN AND AND AND AND AND AND AND AND AND A
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$72,100
	12.a. Nature of interest held or income received.	randorum servici and servicios service service and new angles are proportional deposits service and a service of a degr
«.	HOLIDAY GIFT ESTIMATED IN THE DOLI	LAR AMOUNT BELOW
	12.b. Amount.	\$75